

OFFICE OF CRIMINAL JUSTICE ASSISTANCE

Statement of Subgrant Audit Arrangements

Project Number:	_____	CFDA #	16.579
Name of Agency:	_____		
Address:	_____		
Telephone:	_____	Fax Number:	_____
Financial Manager:	_____		
<i>Does your government entity expect to spend an aggregate total of \$300,000 in federal funds in this fiscal year? (Government entity is the entire city, county, state or tribal government)</i>			
YES _____	(continue with form)	NO _____	(stop here & sign at bottom)
Name of Auditor/Firm:	_____		
Auditor or Firm Address:	_____		
Contact Person	_____	Telephone:	_____
<u>Indicate anticipated date audit reports will be sent to OCJA</u>			
Provide date for copy of audited financial statement:	____/____/____		
Signed by:	_____		
	(authorized official)		
Title:	_____	Date:	_____

Form No. NCA-009 Revised 2/99

RETURN THIS FORM TO
DPS Office of Criminal Justice Assistance
555 Wright Way
Carson City, Nevada 89711-0910

